Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>7/7/08</u>	Address:	<u>Cr 650 E n</u> car <u>Cr 100 N</u>	
Case#;	<u>52-45341</u>		Lebanon, JN 46052	
County:	Boone			
Type of La	aboratory Scizure (check one)	Seizure Location (eizure <u>Location</u> (cheek all that apply)	
	onal Lab al/Glasswarc/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Iflammable Solvents: Water Reactive Metal (Lithium): Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): open air Corrosive Acid: Corrosive Base:				
Child unds ☐ Yes No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information c/Psoudoephedrine Tracking Log erchant Tip —	
This report is to be faxed to the following agencies that serve the location:				
Health Dep	ment: <u>Zionsville Fire</u> artment: <u>Boone Co. Health</u> ction Scrvice:	Fax: <u>317-8</u> Fax: <u>765-4</u> Fax:		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Thomas B. Egler Phone 317-234-4591				

^{*} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case tile, and a copy sent to the Claudestine Laboratory Team Leader for retention.